

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 12 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33788

1. PLACE OF DEATH

8.5 County Pulaski Registration District No. 716
Township Tarver Primary Registration District No. 5945
City Brookton (No. _____) St. _____ Ward _____

File No. _____

Registered No. 17

2. FULL NAME

Paul Lewis Mott
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookton - Mo

13. NAME Harold Mott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sutton Co. Ill

15. MAIDEN NAME Vada Kulas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookton, Mo

17. INFORMANT Harold Mott
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookton Cemetery DATE 10/11/34 19

19. UNDERTAKER H. Hoops - Sons
(ADDRESS)

20. FILED Oct 14, 1934 H. Dell
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1934 to Sept. 30, 1934

I last saw him alive on Sept 28, 1934 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

pleurocolitis Date of onset 9-20-34
119B

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? o (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. Mallitt, M. D.(Address) Brookton, Mo.

